

Freedom of Information Act 1982

APPLICATION FORM

Before you fill in this form please read the information on our website. You should read the department's agency information guide at <https://education.nsw.gov.au/about-us/rights-and-accountability/information-access> or contact the Right to Access unit to check whether the information you are seeking is already publicly available or available outside the formal access process.

Applicant details

Surname: **Title:** Mr / Ms / other

Other names:

Postal address:
(compulsory)

..... **Postcode:**.....

Day-time telephone: **M:** **Fax:**.....

Email (optional):

I agree to the release of my name to any other (third) parties the department may need to consult as part of my application. I understand that disagreeing could affect the outcome of my application.

I apply for access to the following information from the Department of Education.

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.....

Note: Your application is not valid unless you provide enough details to enable the department to identify the information you are seeking. For help go to the website <https://education.nsw.gov.au/> or contact the department's Right to Access unit.

Information is to cover the following period: from to

Optional: My reason for making this application:

.....

Form of access

We will provide you with a copy of the information released. It is the department's policy to provide you with a copy of the information electronically. Please advise if you require access in another way.

Proof of Identity required for personal information

When seeking access to your personal information or your child's we require you to provide proof of identity to comply with privacy requirements. Please provide a copy of the following documents with your application:

- Australian driver photo licence showing current address, or
- Current Australian passport, and current address details, or
- Other proof of name, signature and current address details

Personal Information

I am seeking my own personal information and include proof of my identity.

My date of birth is:

If you are applying on behalf of another person other than your child, please provide written authority and ID from that person as privacy issues may apply. You also need to provide your ID.

I am seeking personal information about my child/client:.....(name).

Date of birth of child/client is:

I include proof of identity for me and my child (see note below)

Please provide identification for both you and your child and proof of your relationship (e.g. child's birth certificate or passport, your Benefit Card or Medicare Card showing child's name).

Processing charges

You may be asked to pay a charge for processing the application. If a charge applies, we will provide you with an estimate of the total charge.

If you wish to apply for a reduction of the processing charge, you will be required to provide evidence. A 50% reduction applies to holders of a current Pensioner Concession Card issued by the Commonwealth, full-time students, and non-profit organisations.

Signature and declaration

I declare that the information I have provided on this form is true and correct.

SignedDate

Privacy Notice

The information provided on this application form is being obtained for the purpose of processing your application. Providing this information is required by law. It will be stored securely. If you do not provide all or any of this information it could prevent or delay the processing of your application.

Please post this form to:

Manager, Right to Access
Department of Education
GPO Box 33
Sydney NSW 2001

Or lodge it at:

Right to Access
Department of Education
105 Phillip Street
Parramatta NSW 2150

ENQUIRIES AND CONTACT:

Right to Access

T: 7814 3525

Email: GIPA@det.nsw.edu.au

Website: <https://education.nsw.gov.au/about-us/rights-and-accountability/information-access>